

# Waiver Request Form

## Instructions

Under 935 CMR 500.850, 501.850 and/or 502.700, an individual, entity, applicant, or licensee (“Requestor”) may request a waiver from compliance with a requirement mandated by the Cannabis Control Commission’s (Commission) regulations. This form shall be used for all waiver requests relating to adult-use regulations, medical-use regulations, or colocated marijuana operations regulations, with the exception of requests to waive Agent Registration CORI report requirements.

The Requestor must submit additional waiver requests for additional requirements—only one requirement may be waived per request form. If the Requestor is requesting a waiver from a requirement that applies to them by the adult-use, medical-use, and/or colocated marijuana operations regulations, and the requirement is the same for each regulatory scheme, they may use one form and state the appropriate provisions seeking to be waived. One form may be used if a licensee is requesting to waive the same requirement for multiple licenses.

Written documentation is required to evaluate the waiver request. The Requestor must specifically state the regulation(s) requested to be waived, the reason(s) why it should be waived, and explain why: (i) the waiving of this requirement will not pose a risk to the health, safety, or welfare of the public or patients; (ii) compliance would cause undue hardship to the requester; and (iii) the granting of the waiver would not constitute a waiver of any statutory requirements. If applicable, the Requestor may provide alternative compensating steps or features that will be utilized in lieu of the requirement. Once received by the Commission, your request will be evaluated.

The request must be filled out electronically and signed by the Requestor. If the Requestor is an entity, the form must be signed by an individual who has authority to act on behalf of the entity (“Requestor’s Representative”). Additional documentation may be submitted along with the request form as long as it directly addresses the requirement to be waived.

**Once completed, the waiver form and any additional information should be combined into a single PDF document and emailed to [Licensing@CCCMass.com](mailto:Licensing@CCCMass.com).**



## Review

If the Requestor is a Medical Marijuana Treatment Center (“MTC”), Marijuana Establishment (“ME”), or Colocated Marijuana Operation (“CMO”), and is requesting to waive a security-related requirement, the Commission must notify the Host Community’s Chief Law Enforcement Officer of the request and give a 30-day period for the officer to respond. The Chief Law Enforcement Officer’s opinion will be considered in the Commission’s decision but will not be determinative factor.

Once the request has been evaluated by the Commission, the Requestor or the Requestor’s Representative will be notified.

### I. Requestor Information

1. Requestor’s name *(if an entity, please state the legal name of the entity)*:

2. Requestor’s status:

- Applicant (MTC, ME, CMO)
- Licensee (MTC, ME, CMO)
- Registered Agent Applicant (ME, MTC, CMO)
- Registered Agent (ME, MTC, CMO)
- Qualifying Patient
- Personal Caregiver
- Certifying Health Care Provider
- Caregiving Institution
- Institutional Caregiver
- Other—please specify: \_\_\_\_\_

3. Requestor’s application/license/registration number(s) *(if applicable)*:



4. Requestor's contact information (*address, phone number, and email address*):

5. Requestor's Representative's name, relationship to Requestor, and contact information (*if applicable*):

**II. Waiver Request Information**

6. List the specific regulation(s), and associated regulatory cite(s), to be waived:



7. List the reason(s) why this regulatory requirement would cause an undue hardship and should be waived (*use additional documents/pages if needed—please appropriately reference addendums*):

8. List the alternative compensating policies, procedures, steps, features that will be utilized in lieu of the requirement if the waiver request is granted (*if applicable*):

9. In the opinion of the Requestor or its representative, if the Commission waives this regulatory requirement, will the waiving of this requirement pose a risk to the health or safety of consumers, patients, or the public (*please check one of the boxes below*)?

Yes

No



10. Please explain the reasons why the waiving of the requirement will not pose a risk to the health or safety of consumers, patients, or the public:

11. In the opinion of the Requestor or its Representative, is the requirement sought to be waived a statutory requirement *(please check one of the boxes and include any notations in the section below)*?

- Yes
- No



**By signing this document, I affirm that all the information provided above is true and accurate. I understand that all requirements listed in 935 CMR 500.000, 501.000, and 502.000 (*where applicable*) must be complied with unless otherwise notified by the Commission. Failure of the Requestor or its Representative to fully complete this form may result in the denial of your waiver request.**

Requestor or Requestor's Representative printed name:

Requestor or Requestor's Representative signature:

Date of request:

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